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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	Blue Cypress Homeov	vners' Association, I	nc.	
NO DOCUMENT NUMBER:	00000007780			
The enclosed Articles of Amer	dment and fee are subm	itted for filing.		
·		ū		
Please return all correspondence	e concerning this matter	to the following:		
Craig T. Galle				
· · · · · · · · · · · · · · · · · · ·	(Name of Contact Pe	rson)	
The Galle Law Group, P.A.				
-		(Firm/ Company)	
13501 South Shore Blvd., Suit	e 103			
		(Address)		
Wellington, FL 33414				
-	((City/ State and Zip C	Code)	
pololawyer@aol.com				
E-n	ail address: (to be used f	or future annual repo	ort notification	n)
For further information concern	ning this matter, please ca	all:		
Craig T. Galle		at	561	798-1708
(N	ame of Contact Person)	u _	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the foll	owing amount made pays	able to the Florida D	epartment of !	State:
S35 Filing Fee	343.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fecticate of Status and Copy tional Copy is used)
Mailing Ado Amendment Division of C P.O. Box 63:	Section Corporations	Am Div	eet Address endment Secti ision of Corpo fon Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Blue Cypress Homeowners' Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N00000007780 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. WELLINGTON, FLORIDA 33414 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: 11199 POLO CLUB ROAD (Mailing address MAY BE A POST OFFICE BOX) WELLINGTON, FLORIDA 33414 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Glenn F. Straub	11198 Polo Club Road
Add			Wellington, FL 33414
X Remove			
2) Change	P	Sal V. Spano	11198 Polo Club Road
X Add			Wellington, FL 33414
Remove			<u></u>
3) Change	<u>T</u>	Sal V. Spano	11198 Polo Club Road
Add			Wellington, FL 33414
X Remove			
4) Change	<u>T</u>	Kathy Fialco	11198 Polo Club Road
X Add			Wellington, FL 33414
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Article ach additional sheets, if necessary).	(Be specific)
•	
<u> </u>	
• •	
	P-t
	<u> </u>

	date of each amendment(s) at this document was signed.	doption:	, if other than the
Effe	ctive date <u>if applicable</u> :	<u>, </u>	
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this blancher's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed as the
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) al.	
	There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
	Dated May 20, 20	15	
	Signature		
	have not be	rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Glenn F	Straub	
		(Typed or printed name of person signing)	
	Presiden	t	
		(Title of person signing)	